

Update to Waiver Standards

Version A-2 and Version B-2
Effective March 1, 2018

Hawaii State Department of Health
Developmental Disabilities Division
February 8, 2018

Agenda

- Upcoming Training – EVV
- Overview of Standards
- Changes with Version 2
- Questions & Answers

Electronic Visit Verification – “EVV”

- Med-QUEST (MQD) is hosting a series of informational sessions
- This is a federal requirement under the CURES Act
- Required for hourly services that include personal care. The list of services included under EVV not final yet
- Providers delivering these services should attend EVV informational sessions by MQD:
 - PAB
 - CLS
 - Respite
 - Nursing

Keeping Track of Standards Versions

A-2

- Ends on July 1, 2018

B-2

- Use until the participant's ISP on and after July 1, 2018

C

- Target for release within 30 days after CMS approves Amendment #2
- Will be used after the participant's ISP on and after July 1, 2018
- Will include Cohort 2 phase-in after SIS assessment
- Will include any changes based on the Waiver Amendment #2 upon CMS approval

Changes in Standards Version B-2

- Will reference Version B-2
 - Changes are nearly identical for Version A-2 and B-2
 - Version A-2 will end on July 1, 2018.
- Changes in Standards are highlighted in yellow
 - Section 1.7 and 1.8
 - Section 2.1, 2.2, 2.7 and 2.8
 - Section 3.2, 3.5 A & B, 3.6, 3.8, 3.10 and 3.15

Section 1.7.C (pg. 27)

- Topic: Formal Behavior Support Plan (BSP)
- Type of Change: Clarification
- Added language to describe the expectation that the Individual Plan (IP) approaches must align with strategies identified in the BSP
- Not expected to copy and paste the BSP
- Expected to ensure that approaches the staff will implement are in line with the BSP

Section 1.7.E (pg. 35)

- Topic: Medication Administration
- Type of change: Clarification
- Added language to reference Section 1.8 Adverse Event Reporting

Section 1.8 (pg. 38 – 41)

- Topic: Adverse Event Reporting
- Type of Change: Substantial changes to reflect the DDD Policy & Procedures #3.07
- Defines seclusion and specifies as a prohibited intervention
- Adds requirements for ResHab independent caregivers
- Adds provider reporting requirements to DDD Outcomes & Compliance Branch for certain types of events
- Clarifies reporting timelines
 - During billable hours, 24 hrs (verbal) and 72 hrs (written) from event
 - Outside of billable hours, times start when the provider is informed

Section 2.1.B (pg. 47)

- Topic: Current Insurance Coverages
- Type of Change: Correction
- Adds insurance amounts in words, in addition to numeric
- Corrects auto insurance amounts
- These amounts align with the insurance requirements for other MQD providers

Section 2.1.F (pg. 49)

- Topic: Transition, Coordination and Continuity of Care
- Type of Change: Clarification
- Adds language to encompass any type of transition from a provider
- Clarifies that the DDD Case Manager coordinates transitions
- Specifies that the provider must give written notice to the DDD Case Manager at least 30 days in advance of any transition
- Adds language that DDD can request additional time from the provider to ensure transitions are completed for participants

Section 2.2.C (pg. 52 - 53)

- Topic: General Service Supervision Qualifications
- Type of Change: Correction
- Adds language for General Service Supervision Qualifications that was in the 2011 Standards but was omitted from the 2017 Standards

Table 2.2-1 (pg. 54)

- Topic: General Staff Qualifications and Requirements Table
- Type of Change: Update
- Corrects that column C employees are required to complete the mandatory annual training topics
- Updates the table to reflect new requirements for checking the list of excluded individuals
- Clarifies requirements for ResHab Independent Contractors with current license or certification

Section 2.2.E (pg. 55)

- Topic: List of Excluded Individuals/Entities
- Type of Change: New Requirements
- Describes the legal basis for the requirements from the federal law and MQD requirements
- Adds requirements for frequency of checking the List of Excluded Individuals and Entities (LEIE) – before hire and annually
- Adds requirements for frequency of checking the MQD List of Excluded Individuals – before hire and monthly
- **NOTE: This includes every employee, not just those with direct contact with waiver participants**

Table 2.2-2 (pg. 56)

- Topic: Frequency for Required Clearances Table
- Type of Change: Update
- Updates the table to reflect new requirements for checking the federal LEIE
- **NOTE: Does not include the monthly requirement to check the MQD List of Excluded Individuals for ease of reading the table; however, the provider must check the MQD list monthly per page 55.**

Section 2.7.A (pg. 68)

- Topic: Billing for Claims
- Type of Change: Clarification
- Adds information for fee-for-service providers and links to the MQD Medicaid Provider Manual Chapter 04 Claims Payments.

Section 2.7.C (pg. 70)

- Topic: Timely Submission of Claims
- Type of Change: Clarification
- Adds information for the link to the MQD Medicaid Provider Manual Chapter 04 Claims Payments.
- Providers requesting a “waiver” of the timely claims filing requirement must follow Chapter 04
 - Request must be submitted in writing to MQD
 - DDD has no authority to request or grant “waiver” of filing deadlines

Section 2.8.B (pg. 74)

- Topic: Independent Audits
- Type of Change: Clarification
- Adds information for emailing intent to submit the independent audit
- Adds information for where to submit the independent audit

Section 3.2: ADH (pg. 96)

Section 3.5.A: CLS-G (pg. 111)

Section 3.5.B: CLS-Ind (pg. 119)

Section 3.10: PAB (pg. 157)

- Topic: Authorization of Codes/Rates for Registered Behavior Technician (RBT)
- Type of Change: Clarification
- Adds language to clarify the situations where the DDD Case Manager authorizes the RBT code/rate or at the regular Direct Support Worker code/rate for the service

Section 3.2: ADH (pg. 96)

- Topic: ADH Documentation Standards
- Type of Change: Clarification
- Clarifies the expectations for completing the Interest Inventory in relation to the participant's ISP

Section 3.6: DCP (pg. 125)

Section 3.8: IES (pg. 139)

- Topic: Service Limits
- Type of Change: Clarification
- Adds language to clarify that transition-age students can receive Discovery & Career Planning (DCP) and Individual Employment Supports (IES)
- Defines non-school hours
- For IES only, adds a requirement that the provider verify documentation that the student is permitted to work in accordance with Hawaii law

Section 3.6: DCP (pg. 129)

- Topic: DCP Documentation Standards
- Type of Change: Clarification
- Clarifies the expectations for completing the Discovery Process in relation to the participant's ISP

Section 3.16: T&C (pg. 193 - 195)

- Topic: Authorization of Inter-Island Travel for Training & Consultation (T&C)
- Type of Change: Clarification
- Adds language to clarify the situations where the DDD Case Manager authorizes inter-island travel
- Adds language to clarify the expectations that the T&C provider is authorized at the inter-island rate for face-to-face time only

Section 3.16: T&C (pg. 195)

- Topic: Authorization of Additional Hours for T&C-EAA
- Type of Change: Clarification
- Adds language to clarify the situations where the DDD Case Manager may authorize additional hours to complete the assessment and recommendations for a complex Environmental Accessibility Adaptation (EAA)

Q&A



Contact DDD

If you think of more questions later, please send an email. We are compiling an FAQ and your questions may help us improve the Standards at the next update.

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